



**USAID** | **ZAMBIA**  
FROM THE AMERICAN PEOPLE

# COMMUNICATIONS SUPPORT FOR HEALTH (CSH) PROGRAM

**QUARTERLY REPORT**

**JULY-SEPT 2012**

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# Acronyms

BCC	Behavior change communication
BCP	Behavior-centered programming
CHAMP	Comprehensive HIV AIDS Management Program
CSH	Communications Support for Health
CSO	Civil Society Organization
GRZ	Government of the Republic of Zambia
HCRC	Health Communication Resource Center
IEC	Information, education, and communication
IR	Intermediate result
IT	Information technology
ITN	Insecticide-treated net
M&E	Monitoring and evaluation
MDG	Millennium Development Goals
MOH	Ministry of Health
MNCH	Maternal, newborn, and child health
NAC	National HIV/AIDS/STI/TB Council
NGO	Nongovernmental organization
NMCC	National Malaria Control Centre
PMI	President's Malaria Initiative
PMTCT	Prevention of mother-to-child transmission
PPP	Public-Private Partnerships
PSA	Public service announcement
PSE	Private Sector Engagement
SAF	Strategic activities fund
SHARe	Supporting the HIV/AIDs Response in Zambia
SMAG	Safe motherhood action group
SMGL	Saving Mothers Giving Life
STI	Sexually transmitted infection
TB	Tuberculosis
UNZA	University of Zambia
VCT	Voluntary counseling and testing
ZISSP	Zambia Integrated Systems Strengthening Program

## EXECUTIVE SUMMARY

This quarter, CSH focused on ensuring that all campaign interventions and messages reached their targeted communities through appropriate channels such as the *Mothers Alive Change Champions* documentary for chiefs and local leaders, engaging CSOs to implement *STOP Malaria* activities within communities, and contracting 20 community radio stations to air all campaign radio products. CSH also made inroads in working with the private sector, and provided major technical assistance and stewardship in the development of the constitution to govern the newly launched Zambia Health Alliance.

The Dziwani Knowledge Centre for Health and 990 Talkline were launched. These establishments will enable Zambians to access health information on various health topics and through different channels.

Our quarterly report includes a narrative on major achievements, and bullets for major accomplishments and quarterly plans by PIR. Products and outputs are also summarized in tables by PIR. Financial reporting and progress toward goals established in our performance monitoring plan are included at the end of this report.

### Major Accomplishments

- *STOP Malaria* road-shows completed in Luapula and Western provinces, and malaria board game design completed.
- Contracts with 20 community radio stations for airing all campaign products.
- 93,000 copies of fifth issue of *Live Today* inserted in national newspapers.
- *Mothers Alive Change Champion* documentary and how-to guide developed.
- 89 “change champions” trained in SMGL districts.
- 188,000 copies of revised birth plan distributed to SMGL districts.
- *Formative Research in Action* concept note developed.
- Dziwani Knowledge Centre for Health launched.
- 990 Talkline launched.
- Launched Zambia Health Alliance to facilitate private sector partnership in Zambia for health

### Planned Activities not Undertaken

- Launch *Safe Love* alcohol mini-campaign, engage second round of CSOs to implement campaign activities,
- Engage CSOs to implement *Mothers Alive* campaign activities.
- Initiate development of a new IEC/BCC course based on research recommendations.
- Administer the capacity assessment index at NMCC and NAC.

### Plans for Next Quarter

- Roll out *STOP malaria* campaign in Eastern and Northern provinces, and finalize and print malaria board game.

- Support malaria CSOs in the implementation of *STOP Malaria Champion Community* activities in the eight selected districts (Mansa, Samfya, Kasama, Mpulungu, Mongu, Kaoma, Chipata and Chadiza)
- Launch and market *Love Games* TV drama series (Nov. 15 red carpet launch; Dec. 1. community launch in Kitwe on World AIDS Day; Dec. 15 airing begins).
- Engage HIV CSOs to continue community-level interpersonal communications for the *Safe Love* campaign.
- Plan detailed activities for demand creation for male circumcision
- Air *Change Champion* documentary, and *Mothers Alive* radio PSAs on ZNBC in English and in 7 local languages.
- Conduct operations research on birth plan utilization and impact on pregnancy decisions. Launch
- Launch *The First 1,000 Days* nutrition campaign in December 2012.
- Provide remote and on-site assistance to GRZ provincial staff to implement *Formative Research in Action*.
- Continue to pursue private sector support of current and upcoming CSH campaigns
- Engage with learning institutions offering health communication courses to negotiate a review of their curricular in order to integrate CSH supported approaches
- Hold fourth quarter USG partners IEC/BCC coordination meeting.
- Initiate development of a new IEC/BCC course based on research recommendations.
- Hold workshop to develop CSH 2013 work plan.

## 1. PROJECT ACCOMPLISHMENTS

### A. Intermediate Result (IR) 1: National Health Communications Campaigns Strengthened

#### A1. Major Tasks under Sub-IR 1.1: Integrated Malaria, MNCH, and Nutrition Campaigns Expanded

The *STOP Malaria* campaign began its field-level implementation in August with a week-long training for four CSOs. Seventeen CSO staff, the Director of Public Health and Research from the Ministry of Health, NMCC officials, and nine district and provincial health officers collaborated to develop effective strategies to implement a participatory community approach called “Champion Communities” in Zambia. In late September, CSH held a similar training for fifteen CSO and MOH representatives from Chipata and Chadiza in Eastern province.

Following the training, the CSOs, provincial and district health officers and CSH worked together to stage three-day road-show events in Mansa, Samfya, Mongu and Kaoma districts. During the road, shows community members had the opportunity to get tested for malaria, participate in food demonstrations, and hold discussions about how malaria affects them and their neighbors and what they as communities can do about it. Each event drew thousands of community members.

Following the road shows, the CSOs began working in 20 communities in each district, facilitating a year of intensive work with individuals and families in each area to promote the four goals of the

*STOP Malaria* campaign (regular ITN use by all pregnant women and children under five; completion of at least three doses of IPTp during pregnancy; testing and appropriate treatment for all suspected cases of malaria; appropriate care and nutrition for any pregnant woman or child with malaria).

CSH also completed work on a malaria “board game” for primary school pupils. Designed as a large mat that can be spread out on the floor, players move forward in the game by successfully answering questions relating to malaria facts, prevention, treatment, and nutrition. CSH pretested the game through a collaboration with the USAID-funded education project, STEP-UP Zambia, and will be used in *STOP Malaria* target districts as well as nationally via the Ministry of Education and STEP-UP.

Additionally, six malaria radio PSAs and skits continued to each air once per day on sixteen community radio stations, reaching the eight target districts for Champion Communities and beyond.

STOP Malaria Products and Outputs (IR 1.1)
Completed this Quarter (pre-tested and produced)
<ul style="list-style-type: none"> <li>• 3 out of 5 CSO contracts signed</li> <li>• 38 CSO and MOH officials trained on Champion Communities approach</li> <li>• <i>STOP Malaria</i> road-shows completed in Luapula and Western provinces</li> <li>• Malaria board game pretested and design completed</li> <li>• Six (6) malaria PSAs aired on 16 community radio stations</li> </ul>

### Challenges and Solutions

The main challenge in implementing the *STOP Malaria* campaign is the need to closely monitor progress towards concrete behavior change goals. A number of the CSOs do not have experience in this type of monitoring. As a result, CSH has plans to provide intensive on site mentorship to each CSO next quarter.

### Plans for Next Quarter

- Conduct road shows in Eastern and Northern provinces.
- Continue implementation of Champion Communities and begin data collection.
- Reprint all existing materials and finalize production/printing of board game.
- Collaborate with STEPS-OVC and NMCC on net distribution plans to ensure adequate coverage of nets in *STOP Malaria* target districts.
- Air local language versions of the PSAs and skits.

## A2. Major Tasks under Sub-IR 1.2: Comprehensive HIV Prevention Campaigns Expanded

### *Safe Love*

This quarter, the CSH team placed enormous emphasis on the wider distribution of *Safe Love* radio products. Staff members visited 20 community radio stations to conduct product orientations and sign contracts to air all 10 existing *Safe Love* radio PSAs, as well as the radio drama series, *Life at the Turnoff*.

The radio drama series, *Life at the Turnoff*, continued to air on twenty national and community radio stations. The first three episodes were translated into four local languages. CSH also completed the

development of a two-part discussion guide for the series that contains short episode summaries and thought-provoking questions for each episode. This guide will be used by radio announcers and radio listening groups.

Filming for the *Safe Love* TV drama series kicked off this quarter. The series, titled *Love Games*, features a group of six girlfriends and their husbands, boyfriends and acquaintances as they try to navigate love and relationships in the time of HIV. The production will premiere next quarter (in November) and air on both ZNBC and MUVI TV. A live-format “after-show” will air immediately after each episode. The after-show will provide a platform for discussion of the messages and topics in *Love Games*. Finally, CSH is also exploring a number of public-private partnerships to extend the reach of the show.

CSH also published its fifth issue of *Live Today* (72,000 copies inserted in The Post and 21,000 in Times of Zambia). This issue explored the concept of a healthy relationship and how involvement in multiple sexual relationships is not as safe and as fulfilling as it is thought to be. The issue proved very popular and received more feedback from readers than previous issues.

#### *Safe Love: Alcohol*

In July, CSH held a stakeholders workshop to discuss how to incorporate messages on HIV risk and alcohol into the *Safe Love* campaign. Following the meeting, CSH began work on a concept paper and literature review of programs addressing alcohol and HIV risk reduction. This paper will be shared with stakeholders early next quarter.

#### *Safe Love: Youth*

The *Safe Love* campaign expanded its reach to Zambian youth this quarter by supporting the Evelyn Hone College student HIV prevention group known as SHARES (Stop HIV&AIDS, Reach Every Student). CSH provided SHARES with a full package of *Safe Love* materials to distribute during the Evelyn Hone college graduation in July. In August, CSH collaborated with SHARES to introduce a *Safe Love* category to the popular Miss Evelyn Hone Beauty Pageant. In preparation for the pageant, CSH oriented all pageant participants and members of the organizing committee on all *Safe Love* campaign materials. During the pageant itself, participants were graded on the creativity of their *Safe Love* chitenge outfit and their ability to interpret and internalize the meaning of *Safe Love* through answering two questions from the judges. The winner of Miss Safe Love, a young woman by the name of Kapolo Mushingi, has since embraced her role as a *Safe Love* ambassador, and has distributed campaign materials at two traditional ceremonies.

#### *Safe Love: PMTCT*

During World Breastfeeding Week in early August, CSH supported nine provinces by developing messages on breastfeeding for HIV positive women. Stakeholder feedback from implementing partners around the country indicated that there is still a gap in knowledge around the appropriate recommendations for HIV positive women and breastfeeding, even among providers. As a result, CSH began planning for a large stakeholders meeting to take place early next quarter, to determine how best to reach this audience and what communication gaps need to be filled. PMTCT messages also feature largely in *Love Games* as well as *Life at the Turnoff*.

#### *Safe Love: Male Circumcision*

In August, CSH provided technical assistance in message design and development to the Male Circumcision Month, an annual effort spearheaded by the Ministry of Health, aimed at creating demand

for male circumcision. CSH worked closely with the Clinton Health Access Initiative, JHPIEGO, and SFH to refine messages and determine communications approaches and strategies. The August campaign was hugely successful, resulting in 46,000 circumcisions. CSH also consulted partners to identify communication gaps and subsequently developed a detailed concept paper for CSH male circumcision activities next year.

### *Routine Campaigns*

CSH supported NAC and partners through the *Safe Love* campaign in outreach, awareness raising, social mobilization and BCC materials distribution in three “routine” events during this quarter: National VCT Day (July 1) in Muchinga province, Likumbi Lya Mize traditional ceremony in Zambezi district and Kulamba traditional ceremony in Eastern province.

### **Safe Love Products and Outputs (IR 1.2)**

- Complete *Life at the Turnoff* radio series in English
- 3 episodes *Life at the Turnoff* translated into 4 local languages
- Contracts with 20 community radio stations for airing products
- Scripts, storyboards and first-day rushes of *Love Games* TV series
- Materials (flyers, chitenges, posters) distributed and community communications events conducted with over 11,500 people during VCT Day, Likumbi Lya Mize and Kulamba traditional ceremonies
- Alcohol and MC concept papers complete
- 93,000 copies of fifth issue of *Live Today* inserted in national newspapers

### **Challenges and Solutions**

CSH has been working on second generation radio and print advertising for *Safe Love* for the duration of the quarter, but none of the products are ready for pretesting or print due to the vendor’s consistent late delivery and poor quality. CSH is working intensively and regularly with this vendor to improve quality and timing, but this has resulted in delays in production of these materials this quarter.

Also challenging for the project are the current infrastructure changes at NAC. The restructuring has impacted some of the communication and coordination both at national and provincial level. CSH continues to work with NAC to ensure we are working as best and smoothly as possible while the reorganization takes place.

### **Plans for Next Quarter**

- Launch and marketing of *Love Games* (Nov. 15 red carpet launch; Dec. 1. community launch in Kitwe on World AIDS Day; Dec. 19 airing begins).
- Begin production of *Love Games* “after-show.”
- Finalize all second generation *Safe Love* products.
- Hold second stakeholders meeting on PMTCT and develop new products.
- Finalize concept and activities for alcohol.
- Re-engage HIV CSOs to continue community-level interpersonal communication.
- Print and distribute *Life at the Turnoff* discussion guides to all radio stations and CSOs.
- Plan detailed activities for demand creation for male circumcision



### **A3. Major Tasks under Sub-IR 1.3: Evidenced-Based Multi-channel Health Communications Campaigns Increased**

#### *Mothers Alive*

Work this quarter on the *Mothers Alive* campaign focused on finalizing products and defining roll-out strategies. The team completed and pretested six radio adverts and five posters (focusing on family planning, male involvement in family planning, male involvement in pregnancy and delivery, antenatal care, facility delivery, and community action for safe motherhood), as well as drafts of four brochures (adolescent family planning, male involvement in family planning, the “six steps” to safe motherhood, and information for new fathers to be). The *Change Champion* documentary and “*Be a Change Champion Guide*” were also completed. CSH will use lessons learned from SMGL, USAID’s current maternal mortality reduction initiative, to plan the roll-out of the *Change Champion* approach nationally starting next quarter.

CSH distributed *Mothers Alive* materials in Samfya district as part of CSH support to MOH for Safe Motherhood Week. During the week’s activities, CSH supported community mobilization efforts through football and netball matches prior to the launch, provided visibility materials (chitenges, posters, banners, telescopic flags) with safe motherhood messages, and hired a drama and dance group to educate and mobilize communities to access safe motherhood services offered throughout the week. CSH also worked with ZANIS to promote availability and scale up of safe motherhood services such as antenatal services, family planning health education by SMAGS, reproductive health counseling, malaria and HIV testing, in all areas of the district.

#### *Saving Mothers Giving Life (SMGL) Initiative*

CSH continued to provide valuable communication and messaging support to SMGL activities this quarter. CSH accomplished the following interventions:

- Continued coordination of SMGL activities in the four targeted districts (Kalomo, Lundazi, Mansa, Nyimba) to ensure the smooth implementation of the SMGL project activities.
- Developed program for a two day *Change Champions* orientation in the targeted districts.
- Oriented 89 community leaders as *Change Champions* in the targeted districts, including ten Chiefs and two Chieftainesses. Community leaders become *change champions* when they succeed in working closely with other community leaders to mobilize, sensitize, educate and motivate families to encourage pregnant women to access health facility services, thereby reducing maternal deaths in their respective communities.
- Distributed 188,000 (188 packs) of the newly revised birth plan to SMGL partners for the roll out of SMGL initiative in the four targeted areas and other districts in Zambia.
- Attended the monthly SMGL partners meeting to share field experiences and challenges in the implementation of the SMGL activities.

#### *The First 1,000 Days Campaign*

This quarter, CSH completed formative research for the nutrition campaign (currently called *The First 1,000 Days*), using an innovative methodology called Trials of Improved Practice (TIPs). TIPs involves making three visits to each respondent in the study, the first of which is information-gathering, the second includes asking the respondent to try out a new behavior, and the third asks

how the “trial” went, what went well and what was challenging. Results from this study will be compiled and released next quarter and inform further product design.

CSH also supported provincial level activities promoting breastfeeding during the month of August, kicked-off by World Breastfeeding Week (August 1-8). Working through the National Food and Nutrition Commission, CSH took a backseat approach, allowing each of the nine provinces to lead the planning, design and implementation of its own activities. CSH staff attended each launch event to provide financial and on-site technical assistance.

The major take-away lesson from this experience was that it is very important to continue strengthening the capacity of provincial staff (particularly those CSH has trained in BCC through the Behavior Centered Programming course) to own and manage health activities. These individuals are the best placed to make sure these events have impact and remain sustainable in their communities.

#### Safe Motherhood, SMGL, and Nutrition Products and Outputs (IR 1.3)

- *Change Champion* documentary and how-to guide developed
- 5 *Mothers Alive* posters printed
- 6 *Mothers Alive* radio adverts recorded
- 89 “*change champions*” trained in SMGL districts
- 188,000 copies of birth plan distributed
- World Breastfeeding Week support to 9 provinces

#### Challenges and Solutions

The *Mothers Alive* campaign is similar in some respects to the Ministry of Community Development, Mother and Child Health’s (MCDMCH) Campaign for the Accelerated Reduction of Maternal Mortality in Africa (CARMMA). As such, CSH has been working with MCDMCH to ensure the campaigns are rolled out seamlessly. This planning has been disrupted as one of the key staff persons at MCDMCH has been unavailable all quarter due to an illness. However, CSH will continue to work with other colleagues at MCDMCH to make sure that activities remain well coordinated.

#### Plans for Next Quarter

- Begin airing *Change Champion* documentary on ZNBC in English and translate documentary into 7 local languages.
- Continue *Change Champion* orientations for leaders in districts beyond SMGL.
- Begin airing six *Mothers Alive* radio PSAs in English, translate and air the same PSAs in 7 local languages. Also air ten additional district specific adverts, all recorded in appropriate local languages.
- Participate in Zambia Maternal Health Conference in November.
- Continue distribution of the new revised birth plan and *Mothers Alive* posters to all health facilities in the 4 SMGL districts through the DMO/DHO Offices.
- Conduct operations research on birth plan utilization and impact on pregnancy decisions.
- Launch *The First 1,000 Days* nutrition campaign in December 2012.

## B. IR 2: GRZ Use of Evidence-Based Health Communications Approaches Increased

### B2. Major Tasks under Sub-IR 2.1 and 2.2: GRZ Capacity to Conduct Formative Research to Develop National Health Communications Campaigns Improved

#### *Conduct Formative Research training Workshop*

In order to roll out the formative research trainings to the sub-national level, CSH conducted a training needs assessment at the provincial level. The training needs assessment targeted both MOH and NAC personnel and was conducted in four provinces including, Lusaka, Southern, Copperbelt and Central provinces. The assessment aimed to inform the design of the formative research curriculum for provincial and district level GRZ staff. Following the assessment, CSH developed a training curriculum and conducted the first provincial level training in August 2012. Sixteen NAC and MOH staff from five provinces were trained in managing formative research.

#### *Formative Research in Action*

To help build the capacity of MOH and NAC provincial level staff to conduct formative research, CSH implemented a new initiative, called *Formative Research in Action*. This initiative combines in-classroom learning (from the formative research training) and on-the-job mentoring to apply knowledge learned in the CSH workshops and improve formative research skills.

Immediately following the formative research training in August, participants were given the opportunity to apply for CSH technical assistance through the *Formative Research in Action* initiative in conducting their own formative research. CSH is currently providing technical assistance to GRZ staff as they write their research plans.

Formative Research Products and Outputs (IR 2.1 and 2.2)
<ul style="list-style-type: none"><li>• Final formative research assessment report</li><li>• Formative research training curriculum developed</li><li>• Completed <i>Formative Research in Action</i> concept note</li><li>• 16 GRZ staff trained in formative research</li></ul>



## Challenges and Solutions

GRZ staff have delayed in submitting proposals to take part in *Formative Research in Action*. This will ultimately delay the implementation of the research in action activities. CSH is yet to establish the cause of the delay.

## Plans for Next Quarter

- Conduct provincial formative research training workshop to train two GRZ staff from each of the remaining five provinces.
- Continue providing remote and on-site assistance to GRZ provincial staff as they write their research plans, conduct fieldwork, analyze results, and present findings for *Formative Research in Action*.
- Launch *Formative Research in Action* in remaining five provinces (Southern, Eastern, Central, Lusaka, Western).

- Finalize analysis of nutrition campaign formative research.

### **C. IR 3: Local Capacity to Support Sustained Implementation of IEC/BCC Activities Strengthened**

#### **C1. Major Tasks under Sub-IR 3.1: Local Capacity to Support Sustained Implementation of IEC/BCC Activities Strengthened**

##### *National IEC/BCC Technical Working Groups*

This quarter, CSH strengthened the capacity of Technical Working Groups (TWG) at MOH, NMCC and NAC by training fifteen TWG members in Behavior Centered Programming. The training also provided TWG members practicing BCC with an opportunity to share their experiences and discuss areas of coordination and collaboration. The TWGs also approved their Terms of References (TOR), outlining the function and roles of the TWG. The TOR has been sent to print and will be circulated to members next quarter.

##### *Your Health Matters TV program:*

This quarter, much progress has been achieved towards the redesigning of *Your Health Matters*. CSH achieved the following:

- Finalized *Your Health Matters* TV program strategy and presented it to senior management at MOH.
- Supported MOH to create a *Your Health Matters* technical team comprising of representatives from the media, USG partners and national partners working on BCC programs. MOH will chair the technical committee while CSH will serve as the secretariat.

##### *CHAMP 990 Talkline.*

In the period under review, CSH continued providing technical and financial support to CHAMP for the expansion of the 990 Talkline. Key achievements during the quarter included the following:

- On August 22, CHAMP, with support from CSH, launched the new 990 Talkline logo and web portal. CHAMP also had the opportunity to promote its new expanded services in additional health areas
- The launch of the 990 Talkline logo and web portal also kicked off the short-term marketing campaign for the Talkline. The campaign included billboards in Lusaka, newspaper advertisements, and merchandise.
- The final draft of the *990 Talkline Counselor's Reference Guide* was submitted for review by the consultant to CHAMP and CSH following thorough input from the GRZ agencies including, MOH, NCFN, and NRDC. The guide will be finalized and printed in the following quarter.
- Using the draft *990 Talkline Counselor's Reference Guide*, CHAMP trained all 990 Talkline counselors in the new thematic areas.
- CHAMP has identified a consultant to develop a long-term business plan that will include a marketing strategy for the 990 Talkline.

### *Afya Mzuri Dziwani Knowledge Centre for Health*

With support from CSH, Afya Mzuri launched the Dziwani Knowledge Centre for Health on 10 July, 2012, with a new corporate image and web portal. During the launch guests had the opportunity to register on the Dziwani web portal and visit the expanded Knowledge Centre.

The launch also symbolized the start of the short term marketing plan that included placement of newspaper and radio advertisements, placement of billboards in strategic locations in Lusaka, and production of brochures and flyers highlighting the expanded services offered by the center.

### *Subcontracts for IT and marketing services to grantees*

*Danya International:* Danya, the IT sub-contractor, completed installation of the server, user PC and peripheral devices, WLAN and upgraded the ISP (MTN) at Dziwani.

### *Civil Society Organizations (CSOs)*

All five HIV CSOs (Action for Social Development Foundation, Luanshya Support Group, SAfAIDS, Latkings Outreach Programme and Pride Community Health Organization) finished their six month contracts this quarter. All CSOs submitted their end of project reports and received final feedback from CSH.

CSH also held two orientation sessions for five CSOs (Groups Focused Consultations (GFC), Luapula Families in Distress (LUFAID), Kasama Christian Community Care (KCCC), MARCH Zambia, Panos Institute Southern Africa) contracted to implement *STOP Malaria Champion Communities* activities. The orientation provided CSOs with a common understanding of the *STOP Malaria* campaign and familiarized them with the tools necessary to implement *Champion Communities* activities. The orientations were also well attended by provincial and district level GRZ representatives from the CSOs' implementation areas.

CSH has completed the draft of a CSO community facilitators' manual. This document provides guidance to CSO facilitators in conducting community training.

CSH has also completed the draft of the community Safe Love Club Discussion Guide in collaboration with project COMPACT. The discussion guide provides club facilitators with suggested conversation topics and activities to encourage engaging and effective discussion amongst club members. The draft will be finalized and printed next quarter.

### *National Communication Strategies*

CSH, in partnership with NAC, MOH, and other partners, developed, printed and launched the *Voluntary Medical Male Circumcision Communication Strategy*. The strategy will guide implementing partners in carrying out MC demand creation activities.

### *National Health Promotion Policy*

In preparation for the development of a health promotion policy, the MOH health promotion Unit and TWG carried out a desk review. Following this, MOH officials submitted a proposal to CSH requesting support for primary data collection to supplement the desk review. CSH has

since developed the necessary tools for data collection. Further action on this will depend on guidance from MOH.

#### *NAC newsletter and fact sheets*

CSH engaged a consultant to redesign the NAC Newsletter. The newly approved design features user friendly ways to highlight key issues in the 2011-2015 *National HIV/AIDS Communications and Advocacy Strategy* in addition to a question and answer component. This will provide a platform for readers to ask questions and share stories

The fact sheet has also been redesigned. Each fact sheet will focus on a specific issue that NAC identifies as needing extra attention beyond the content of the newsletter.

#### **TWG, Talkline, Dziwani HCRC, Grantee, and IEC/BCC Management Products and Outputs (IR 3.1)**

- *Your Health Matters* program communication strategy
- 16 TWG members trained in BCP
- Final TORs for TWGs
- Dziwani knowledge center for health launched
- 990 Talkline launched
- Draft *990 Talkline Counselor's Reference Guide* and fact sheets
- Draft *Safe Love Club Discussion Guide*
- Draft CSO community facilitators training manual
- HIV CSOs' end of project reports highlighting all the deliverables achieved
- Five malaria CSOs oriented on *STOP Malaria* products and activities
- 1,000 copies of Guidelines for Pretesting and Evaluating Communication Materials printed
- Redesigned NAC newsletter and fact sheet templates.

#### **Challenges and Solutions**

Many TWG members were unable to attend the BCP training due to other obligations. CSH will consider other strategies for training the remaining TWG members in 2013.

The multi-thematic nature of *Your Health Matters* will require extensive consultation and collaboration within the Ministry and from partners which may prove difficult. The technical team will try to overcome these challenges by bringing together as much of the necessary technical expertise needed into the team itself.

There has been an extensive time lapse between the first and second round of HIV CSO contracts, preventing HIV activities from continuing seamlessly. CSH will continue to initiate discussions with the CSOs to finalize new contracts and make necessary changes to scopes of work.

#### **Plans for Next Quarter**

- Print and distribute 300 copies of the national health promotion TWG TORs to all members of the National Health Promotion, malaria, and HIV/AIDS IEC/BCC TWGs.

- Support MOH and NAC to disseminate and distribute *National HIV/AIDS Communication and Advocacy Strategy* and the *National Voluntary Male Circumcision Communication Strategy* at sub-national level.
- Participate in *Your Health Matters* technical team meetings to support production of TV show, and release a request for proposals for creative agency to produce the show.
- Provide support to CHAMP for the development of a business plan.
- Initiate closeout procedures for both Afya Mzuri and CHAMP phase one contracts, and review phase two proposals.
- Support malaria CSOs in the implementation of *STOP Malaria Champion Community* activities in the eight selected districts (Mansa, Samfya, Kasama, Mpulungu, Mongu, Kaoma, Chipata and Chadiza).

### C3. Major Tasks under Sub-IR 3.2: Private Sector Participation Increased

CSH private sector engagement activities in this quarter included:

- Met with USAID PPP partners on improving coordination and standardization of USG project PPP approach.
- Continued to establish relationships with potential private sector partners to expand the reach of CSH campaigns.
- Contracted Fresh View Cinemas at a discounted rate to air of *Safe Love Mulange One on One* PSAs during previews.
- Finalized Zambia Health Alliance registration materials, including constitution, and launched the organization at its inaugural Steering Committee meeting.
- Supported NMCC to host national malaria PPP meeting. During the meeting CSH presented community investment opportunities under the *STOP Malaria* campaign.
- Supplied ZRA with *Safe Love* communication materials for its Lusaka headquarters and 40 field stations.
- Drafted CSH Private Sector Engagement strategy centered on expanding reach and impact of project campaigns, bringing definition and showcase examples to USAID's P3 agenda, and exploring the role of the private sector through the lens of campaign sustainability and project legacy.

#### Private Sector Participation Support and Products (IR 3.3)

- Launched Zambia Health Alliance
- Contracted Fresh View Cinema to play *Safe Love Mulange One on One* PSAs during movie previews.

### Challenges and Solutions

Many companies were approaching the end of their fiscal year during this quarter, meaning many had already committed their CSR funds for the remainder of 2012. CSH should aim to secure commitments from businesses as early in the year as possible.

### Plans for Next Quarter

- Finalize MOU template for formalizing private sector engagements.
- Continue to pursue private sector support of current and upcoming CSH campaigns.
- Approach mobile phone companies on *mhealth* initiatives.
- Pursue PSE opportunities for SADC Malaria Week and World AIDS Day.
- Secure sponsorship for elements of *Love Games* launch, marketing and broadcast.
- Secure sponsorship for *Stop Malaria* road shows.
- Arrange for CSH materials distribution at First Quantum mines in Copperbelt and Northwestern provinces.
- Agree on and implement package of *Safe Love* materials/activities at Lusaka Golf Club.

### Sub IR 3.3: IEC/BCC capacity building program for local institutions strengthened

#### C4. Major Tasks under Sub-IR 3.3: IEC/BCC Capacity Building Program for Local Institutions Strengthened

##### *Assessment of BCC Courses in local training institutions*

CSH facilitated a stakeholders meeting at which the consultant who conducted the assessment of IEC/BCC courses presented findings of the assessment. The aim of the meeting was to share report findings but also to obtain feedback from stakeholders to enhance the quality of the report. The stakeholders included institutions that were visited by the assessment teams namely, University of Zambia's Institute of Social and Economic Research and Department of Mass Communications, the General Nursing Council, Planned Parenthood Association of Zambia (PPAZ), Technical Education, Vocational and Entrepreneurship Training Authority (TEVETA), Natural Resources Development College (NRDC), Zambia Institute of Mass Communication Trust (ZAMCOM), and Evelyn Hone College.

The consultant has since finalized the report following the incorporation of stakeholder recommendations and the final report has been submitted to CSH for publication.

#### IEC/BCC Capacity Building Products and Outputs (IR 3.4)

- Final report on rapid assessment of IEC/BCC course in institutions of higher learning

### Plans for Next Quarter

- Engage with learning institutions offering health communication courses to negotiate a review of their curricular to integrate CSH supported approaches.
- Review and revise selected curricular of institutions of higher learning.
- Support the delivery of the revised courses.

### Sub-IR 3.4: M&E Frameworks for IEC/BCC Interventions Strengthened

##### *National M&E Framework for IEC/BCC*



CSH provided technical support to NMCC in developing the national malaria monitoring and evaluation framework by reviewing the draft plan and ensuring that IEC/BCC indicators were adequately included.

#### *National HIV/AIDS M&E Theme Group*

CSH also continued to participate in activities conducted by the National HIV/AIDS M&E theme group including providing technical advice in the roll out of the Stakeholder Activity Reporting Form (SARF). The SARF is a data collection tool that focuses on output level indicators in the national M&E plan. The SARF is a new data collection tool that all stakeholders implementing HIV and AIDS programs will use to collect and report to the National HIV and AIDS Council (NAC). The data collection tool follows the development of a new national HIV and AIDS plan for the period 2011-2015.

#### **M&E Frameworks for IEC/BCC Interventions Strengthened outputs and products (IR 3.4)**

- Draft National Malaria M&E framework
- 

#### **Plans for Next Quarter**

- Support launch of the national Malaria M&E plan.

#### **D. IR 4: Coordination of IEC/BCC Activities between U.S. Government Projects Increased**

##### **Major Tasks under Sub-IR 4.1: IEC and BCC Planning between U.S. Government Bilateral Programs Increased**

CSH hosted this quarter's USG partners' coordination meeting. All but one partner attended the meeting, a positive increase from previous meetings.

Following up on the proposal made at the previous coordination meeting, sub-committees on Private-Public Partnership (PPP), most at risk populations (MARPS), and behavioral prevention were formed. The sub-committees will be looking at coordination issues around specific topics common to all projects and will be expected to provide technical updates to the larger coordination forums.

CHAMP also made a presentation during the meeting to highlight the role of the 990 Talkline and its expanded health areas including malaria, family planning/reproductive health, nutrition, maternal and child health. The presentation stimulated discussion on how USAID funded projects can utilize the Talkline to disseminate information and reach their target audiences; e.g. contribute information to web portal. All partners agreed that CHAMP and Afya Mzuri should be routinely invited to the coordination to identify areas of collaboration with each other and USG partners.

Also noteworthy, partners discussed the status of TWGs housed at MOH and those that may have been moved to the new Ministry of Community Development, Mother and Child Health following the re-alignment of ministries.

#### **IEC/BCC Coordination Products and Outputs (IR 4.1)**

- Draft action plan for all USG IEC/BCC health activities
-

### **Plans for Next Quarter**

- Hold fourth quarter USG partners IEC/BCC coordination meeting.
- Invite partner projects to CSH work planning workshop so provide input and identify areas of collaboration for CSH's 2013 work plan.
- Develop a framework for monitoring the coordination of USG project partnerships.

## **2. OPERATIONS AND ADMINISTRATION**

### *Strategic Activity Fund (SAF)*

CSH signed and awarded contracts worth over \$100,000 to 22 community radio station in all ten provinces to air CSH products across thematic areas including HIV, family planning, mother and child health, malaria and nutrition. Other contracts in the quarter included one for Goman Advertising Limited to design and print the malaria board game, and two to each ZNBC and Fresh View Cinemas to air *Safe Love Mulange One on One* PSAs.

A number of contract modifications also took place this quarter including the Media 365 subcontract for production of *Love Games*, the Goman subcontract for the production of radio, TV and print materials for *Mothers Alive*, the Nabuzoka subcontract also for the production of radio, TV and print materials for *Mothers Alive*, and Draft FCB Zambia for the production of print and radio materials for the *Safe Love* campaign. The modifications were to revise the deliverables, deliverables due dates and respective payment schedules.

The SAF team supported the orientation of the five malaria CSOs to familiarize the CSOs with their contractual obligations. The team also continued to monitor the implementation of planned activities by the five HIV CSOs whose contracts were successfully completed during the quarter.

Also the quarter, no-cost extension modifications for both sub grantees, CHAMP and Afya Mzuri, were approved to allow for the completion of the installation of IT equipment and the launches of the expanded Talkline and Knowledge Centre for Health.

### *Recruitment*

There were no new recruits this quarter.

### *General*

CSH continued to review and input data into the Performance Based Management System (PBMS). Staff responsible continue to be trained in keeping the system up to date. The team also participated in the USAID training on PEPFAR Expenditure analysis.

### **Plans for Next Quarter**

- Review and recruit for any vacant positions that may arise during the period.
- Undergo annual FACT review from Chemonics Home office.
- Commence financial year end statutory audit for 2012.
- Hold workshop to develop CSH 2013 work plan.

## ANNEX: Summary of CSH Indicators, Baselines, and Progress to Date

Indicators	Disaggregation	Baseline: Aug 2010	Year 1 Achievements: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period for 2012		Notes
					Apr- Jun	Jul - Sept	
IR 1: National Health Communication Campaigns Strengthened							
Sub IR 1.1 Integrated malaria, MNCH, and nutrition campaigns expanded							
1.1.1 National Integrated Malaria, MNCH and nutrition campaign implemented with CSH support	N/A	Non existent	Formative Research completed	Campaign strategy completed	Campaign strategy completed	Phase 1 implemented	The <i>STOP Malaria</i> campaign was launched and material production commenced in quarter 1. Currently the pretesting of various campaign products is ongoing. During the quarter CSH revised the STOP malaria M&E plan to incorporate the <i>Change Champions</i> initiative. A rapid survey to monitor exposure to the campaign is planned for fall 2012.
				Campaign Materials produced	Campaign Materials produced	Campaign strategy completed	
				Campaign launched	Campaign launched	M&E plan developed	
				Phase 1 implemented	Phase 1 implemented	Phase 1 implemented	
				Campaign strategy completed	Campaign strategy completed	Campaign strategy completed	
				Campaign monitoring implemented	M&E plan developed	Monitoring tools revised	
				Phase 2 implemented	Not completed	Not completed	
Sub IR 1.2 Comprehensive HIV prevention campaigns expanded							
1.2.1 National comprehensive HIV campaign implemented with CSH support	N/A	Non existent	Formative Research completed	N/A	N/A	N/A	
			Campaign strategy completed	N/A	Draft Campaign strategy completed	Campaign strategy completed	

Indicators	Disaggregation	Baseline: Aug 2010	Year 1 Achievements: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period for 2012		Notes
					Apr- Jun	Jul - Sept	
			Campaign Materials produced	N/A	N/A	Campaign Materials produced	
			Campaign launched	N/A	N/A	N/A	
				Phase 1 implemented	Phase 1 implemented	N/A	
				Campaign monitoring implemented	Campaign monitoring implemented	Campaign monitoring implemented	
				Phase 2 implemented	Not completed	Not completed	
1.2.2 # of the targeted population reached with individual and/or small- group level (HIV) preventive interventions (supported by CSH) that are based on evidence and/or meet the minimum standards required	<b>Total (a + b)</b>	<b>0</b>	<b>0</b>	<b>58,900</b>	<b>102,445</b>	<b>15,125</b>	None of the 5 HIV CSOs reported any data on the indicator during the period because their contracts had completed on 30 June 2012. However, the 990 Talkline remained functional and provided the following data on the indicator for the reporting period.
	<b>(a) abstinence and/or being faithful</b>	<b>0</b>	<b>0</b>	<b>20,300</b>	<b>40,346</b>	<b>3,602</b>	
	<b>Male all</b>	<b>0</b>	<b>0</b>	<b>10,300</b>	<b>15,659</b>	<b>2,425</b>	
	<b>Female all</b>	<b>0</b>	<b>0</b>	<b>10,000</b>	<b>24,687</b>	<b>1,177</b>	
	Male (10-14)	0	0		182	242	
	Female (10-14)	0	0		471	78	
	Male (15+)	0	0		15,477	2,183	
	Female (15+)	0	0		24,216	1,099	
	<b>(b) Other prevention (OP)</b>	<b>0</b>	<b>0</b>	<b>37,700</b>	<b>62,099</b>	<b>11,523</b>	
	<b>Male all</b>	<b>0</b>	<b>0</b>	<b>19,000</b>	<b>26,745</b>	<b>7,542</b>	

Indicators	Disaggregation	Baseline: Aug 2010	Year 1 Achievements: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period for 2012		Notes
					Apr- Jun	Jul - Sept	
	Female all	0	0	18,700	35,354	3,981	
	Male (10 -14)	0	0		0	1,210	
	Female (10 -14)	0	0		0	873	
	Male (15+)	0	0		26,745	6,332	
	Female (15+)	0	0		35,354	3,108	
1.2.3 % of targeted population reached by channel (radio, TV, or SMS), with CSH support (PEPFAR indicator)	Radio	0	33%	50%	29.6%	Not determined	No rapid survey was conducted to measure exposure to campaign channels. Dissemination of health messages via SMS has not yet started for any of the campaigns supported by CSH.
	TV	0	87%	90%	63.8%	Not determined	
	SMS	0	0%	TBD	0%	Not determined	
Sub IR 1.3 Evidence-based multi-channel health communication campaigns increased							
1.3.1 Annual number of BCC campaigns implemented in Zambia with CSH support that used 2 or more channels	Total	0	9	10	6	6	The campaigns implemented during the quarter include: <i>Safe Love, Mothers Alive, and STOP Malaria.</i>  Routine campaigns included; <i>Breastfeeding week, Child Health week (x1) and Safe motherhood week.</i>
	HIV	0	3	3	2	1	
	MCH	0	1	3	1	4	
	Malaria	0	3	3	2	1	
	Nutrition	0	1	1	0	0	
	Other	0	1	0	1	0	

Indicators	Disaggregation	Baseline: Aug 2010	Year 1 Achievements: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period for 2012		Notes
					Apr- Jun	Jul - Sept	
1.3.2 Annual number of BCC campaigns implemented in Zambia with CSH support that used evidence from research to develop the campaign	Total	0	1	6	3	4	The campaigns implemented during the quarter include: <i>Safe Love, Mothers Alive</i> and <i>STOP Malaria</i> campaigns.  Routine campaigns included: World Malaria day, Breastfeeding week, Child Health week (x2), Nutrition of which data was collected in September 2012
	HIV	0	1	3	1	0	
	MCH	0	0	1	1	3	
	Malaria	0	0	1	1	1	
	Nutrition	0	0	1	0	0	
1.3.3 Percent of audience who recall hearing or seeing a specific USG-supported campaign message (New: USG Indicator 3.1.7.2-1)	FPRH						Rapid assessments were not conducted during the reporting period to determine exposure for the respective campaigns. This is because they had just been launched or were still being developed during the quarter.
	Radio	0	0	30%	TBD	TBD	
	TV	0	0	15%	TBD	TBD	
	MCH						
	Radio	0	0	30%	TBD	TBD	
	TV	0	0	15%	TBD	TBD	
	Nutrition						
	Radio	0	0	TDB	TBD	TBD	
	TV	0	0	TBD	TBD	TBD	
IR 2: GRZ use of evidence based health communications approaches increased							
Sub IR 2.1: Capacity of HCRC to manage and disseminate information on IEC/BCC interventions increased							
(Please note: Indicators for sub IR 2.1 are included under sub IR 3.1.)							
Sub IR 2.2: GRZ capacity to conduct formative research to develop national health communication campaigns improved							
2.2.1 Annual # of GRZ staff trained with CSH	Total	0	7	15	4	16	There were 16 GRZ partners from the provincial structures

Indicators	Disaggregation	Baseline: Aug 2010	Year 1 Achievements: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period for 2012		Notes
					Apr- Jun	Jul - Sept	
support in conducting formative research to inform the development of IEC/BCC campaigns	National	0	7	5	4	0	trained in formative research.
	Sub-national	0	0	10	0	16	
2.2.2 Annual # of IEC/BCC campaigns for which formative research activities were conducted with support from CSH	<b>Total</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>6</b>	Formative research was conducted for the Nutrition campaign development. All routine campaigns are reviewed for developing themes for their commemoration
	HIV	0	1	2	1	0	
	MCH	0	1	1	0	4	
	Malaria	0	0	0	0	1	
	Nutrition	0	0	1	0	1	
<b>Sub IR 2.3 GRZ capacity to use evidence from existing research to develop health communication campaigns improved</b> (Please note: Indicators for sub IR 2.3 will be measured by the indicators under IR 2.2 since use of existing research is part of formative research.)							
<b>IR 3: Local capacity to support sustained implementation of IEC/BCC activities strengthened</b>							
<b>Sub IR 3.1 Local capacity to support sustained implementation of IEC/BCC activities strengthened</b>							
3.1.1 Annual # of national IEC/BCC campaigns that have been reviewed by the IEC/BCC Technical Working Group (TWG) using standard guidelines	N/A	0	0	1	2	7	One TWG meeting was held between July and September 2012. By September 30 <sup>th</sup> the campaigns ( <i>Safe Love</i> and <i>STOP Malaria</i> campaigns) were reviewed by TWG using standard guidelines.
3.1.2 Annual # of formal meetings of the TWG to review IEC/BCC campaigns	N/A	0	2	4	0	3	There are three IEC/BCC TWGs with the umbrella body sitting at MOH and two sub-TWGs sitting at NAC and NMCC. Each of these held a meeting during the period.
3.1.3 Annual # of GRZ staff trained in IEC/BCC	<b>Total</b>	<b>0</b>	<b>18</b>	<b>140</b>	<b>98</b>	<b>0</b>	There were no BCP trainings conducted during the quarter

Indicators	Disaggregation	Baseline: Aug 2010	Year 1 Achievements: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period for 2012		Notes
					Apr- Jun	Jul - Sept	
with CSH support	National	0	18	35	0	0	as the target for FY 2012 had already been achieved in preceding quarters. By June 2012, a total of 161 GRZ staff had been trained in IEC/BCC with CSH support
	Sub-national	0	0	105	98	0	
3.1.4 National IEC/BCC tools developed and annually reviewed	National tools finalized	Non existent	2	3	0	2	The tools developed during the period are: Guidelines for pretesting campaigns and reviewing campaigns
	National tools drafted	Non existent	1	1	0	0	
3.1.5 HCRC has materials that cover HIV, malaria, MNCH, FP/RH, and nutrition	N/A	HIV materials only	HIV materials	HIV materials	HIV materials	HIV materials	
				Malaria Materials	Malaria Materials	Malaria Materials	
				MNCH materials	MNCH materials	MNCH materials	
				Family Planning materials	Non existent	Family Planning materials	
				Nutrition materials	Non existent	Nutrition materials	
3.1.6 Average # of HCRC visitors per month in one year	<b>Total Visits</b>	<b>572</b>	<b>490</b>	<b>700</b>	<b>298</b>	<b>838</b>	The total numbers of HCRC visitors per month were: <ul style="list-style-type: none"> <li>• July 803</li> <li>• August 798</li> <li>• September 913</li> </ul> The number of physical visitors are as follows; <ul style="list-style-type: none"> <li>• July 271</li> <li>• August 218</li> <li>• September 346</li> </ul>
	Physical visits:	572	490	600	298	278	
	Online visits:	0	0	100	0	560	



Indicators	Disaggregation	Baseline: Aug 2010	Year 1 Achievements: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period for 2012		Notes
					Apr- Jun	Jul - Sept	
							The number of online visitors were; <ul style="list-style-type: none"> <li>• July 532</li> <li>• August 580</li> <li>• September 567</li> </ul>
3.1.7 Annual # of IEC/BCC materials distributed by HCRC	N/A	524,657	357,566	500,000	30,370	10,099	The low numbers of materials distributed is attributed to the online unlimited access to the Dziwani HCRC. However, a robust user survey is required to plainly understand the underlying causes in drop of materials during the reporting period.
3.1.8 Annual # of Talkline workers who successfully completed a training program in other health topics including malaria, MNCH, FP/RH, and nutrition	N/A	0	0	12	0	19 ( 5 males and 14 females)	The expanded 990 Talkline launched in August subsequently led to training new counselors for the newly added thematic areas MNCH, nutrition, FP/RH, or malaria.
3.1.9 Average # of Talkline callers per month in one year	<b>Total Volume</b>	5,818	7,213	10,000	12,066	19,801	The total <b>volume</b> of Talkline callers per month were: <ul style="list-style-type: none"> <li>• July – 11,795</li> <li>• August - 22,020</li> <li>• September – 25,590</li> </ul>
	<b>Serviced</b>	1,632	1,920	2,000	3,042	5,042	The # of <b>serviced calls</b> from the total volume: <ul style="list-style-type: none"> <li>• July – 2,887</li> <li>• August - 6,182</li> <li>• September -6,056</li> </ul>

Indicators	Disaggregation	Baseline: Aug 2010	Year 1 Achievements: (Sep. 2010 – Dec. 2011)	Year 2: Targets/ Milestones (Jan 2012 – Dec 2012)	Year 2 Achievements Period for 2012		Notes
					Apr- Jun	Jul - Sept	
3.1.10 Annual # of GRZ staff trained in monitoring and evaluation with CSH support	Total	0	0	25	0	0	The training was conducted in October where a total of 20 GRZ staff were trained. This achievement will be counted in the October – December 2012 reporting period.
	National	0	0	5	0	0	
	Sub-national	0	0	20	0	0	
Sub IR 3.2 Private sector participation in IEC/BCC programming and capacity building activities increased							
3.2.1 Annual # of national IEC/BCC campaigns supported by CSH that have private sector support	N/A	0	2	3	0	0	Negotiations with MTN were on-going. MTN had expressed interest to provide private sector support to campaigns
Sub IR 3.3 IEC/BCC capacity building program for local institutions strengthened							
3.3.1 Annual # of selected local academic institutions that offer IEC/BCC-related coursework that uses curricula developed with CSH support	N/A	0	0	1	0	0	A curriculum following the completion of institutional assessment is yet to be developed.
3.3.2 Annual # of CSOs receiving funding from CSH to implement BCC outreach activities that support campaigns	N/A	0	2	12	5	2	Afya Mzuri and CHAMP have continued with their grants from CSH. The 5 HIV CSOs completed their contracts in June 2012

Sub IR 3.4 M&E frameworks for IEC/BCC intervention strengthened							
3.4.1 National HIV and M&E Frameworks (2011–2015) include IEC/BCC indicators	N/A	HIV and Malaria Frameworks did not include IEC/BCC indicators	National HIV M&E Plan developed & include IEC/BCC indicators	National HIV M&E Plan include IEC/BCC indicators	National HIV M&E Plan includes IEC/BCC indicators	National HIV M&E Plan includes IEC/BCC indicators	IEC/BCC indicators were included in: 1. National HIV/AIDS M&E Plan 2011-2015 2. National Malaria M&E Plan 2011-2014
			Draft M&E Tools (NARF) developed				
			Draft national Malaria M&E Plan developed	National Malaria M&E Plan include IEC/BCC indicators	Draft plan includes IEC/BCC indicators	Finalised plan includes IEC/BCC indicators	
3.4.2 Develop an IEC/BCC M&E Framework for the Health Promotion Unit of MOH	N/A	Non existent	Action plan for developing framework completed	IEC/BCC Framework for MOH developed	Action plan under development	Action plan under development	The results of the annual BCC capacity assessment index will be used to inform the development of the IEC/BCC M&E Framework for the Health Promotion Unit of MOH. The Plan underway to develop the M&E framework was moved to next quarter.
3.4.3 GRZ IEC/BCC campaign tracking system database used	N/A	Non existent	Non existent	Campaign tracking data base developed	Draft campaign tracking data base developed	Draft campaign tracking data base developed and installed at MOH and NAC	Efforts to advance the development of the campaign tracking database continued to be delayed by other competing MOH commitments

<b>IR 4: Coordination of IEC/BCC activities between USG projects increased</b>							
<b>Sub IR 4.1 IEC and BCC planning between USG programs increased</b>							
4.1.1 USG partner framework for IEC/BCC coordination developed and annually reviewed	N/A	Non existent	Completed consolidated plan Action plan for future coordination developed	USG Partner Framework developed and reviewed annually	Draft Action plan developed	Action plan developed	A draft framework will be presented by CSH at the next Partners meeting for consensus building.
4.1.2 Annual # of USG partner meetings for coordinating IEC/BCC activities	N/A	0	4	4	1	1	One USG partner meeting was held during the quarter.

